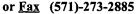
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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OLURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  029505 7590 02/27/2006  DELIO & PETERSON, LLC  121 WHITNEY AVENUE NEW HAVEN, CT 06510			2006 2006		Fee(s) Transmittal. The papers. Each additional have its own certificate.	is certificate of Mo	annot be used as an assignment transmission.	g deposited with the Un st class mail in an envel above, or being facsir late indicated below.	ited ope nile
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APPLICATION NO.	FILING DATE		FIRST NAMED	) INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/605,440 09/30/2003			Robert M. Geffken			BUR920030025US! 2439 YIRING			
APPLN. TYPE	APPLN. TYPE SMALL ENTITY ISSUE FEE					TOTAL FEE(S) DUE		DATE DUE	$\neg$
nonprovisional	NO	\$1400		\$300		\$1700		05/30/2006	_
EXAMINER		ART UNIT		CLASS-SUBCLASS					
NGUYEN, DAO H		2818		257-522000		•			
<ul> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON The PRINTED ON TH</li></ul>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)						
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	data will appe a substitute i	ear on the	ne patent. If an assign g an assignment.	ee is identifie	d below, the d	ocument has been filed	for
(A) NAME OF ASSIGN	EE		(B) RESIDE	NCE: (C	CITY and STATE OR C	OUNTRY)	9 00000133 0	90456 10605440	
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  95/17/2006 HEYENE2 00000133 090456 10605440  INTERNATIONAL BUSINESS MACHINES CORPORATION  Armonk New York  11 1 1400.00 DA  12 FC:1504 300.00 DA  Please check the appropriate assignee category or categories (will not be printed on the patent):									ent
Aa. The following fee(s) are  Issue Fee  Publication Fee (No s  Advance Order - # of	mall entity discount permitte	Payment 1	n the arr by credi tor is he	nount of the fee(s) is en t card. Form PTO-2038	closed. is attached. rge the require	ed fee(s), or cre	dit any overpayment, to a copy of this form).	_	
a. Applicant claims SI	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.			longer claiming SMAl				
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Authorized Signature	191		Date	4/20	04				
Typed or printed name _	Peter W. Peters			· • • • • • • • • • • • • • • • • • • •	Registration N				
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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